

READ THESE INSTRUCTIONS FIRST!

**OFFICE OF THE SHERIFF
PERSONAL HISTORY PACKET**

This form is part of the initial phase of the employment process. It is imperative that all questions are answered in detail. All information is **CONFIDENTIAL**. This document will be used to verify your personal background. Any **FALSE, MISLEADING, INCOMPLETE, or UNTRUTHFUL** responses to any questions will disqualify you from the process.

Questions that require a “yes” or “no” response shall be checked in the space provided. If a category or question does not apply, place N/A (not applicable) in the designated area. If additional space is needed for any item, the answer should be continued on page 11. Each answer should be numbered to correspond with the appropriate question.

This form must be typed or printed in black ink, completed by the applicant and each question answered accurately. You are required to sign and date all pages. Read page 12 carefully prior to signing that page.

PERSONAL HISTORY STATEMENT

Deputy Part Time _____
Deputy Full Time _____

PERSONAL DATA			
1. Name (Print): First, Middle, Last		Maiden Name:	
2. List any other name(s) you have used if different from above: (include all nicknames)			
Have you ever legally changed your name? () NO () YES If YES, what was/were your former name(s)?			
Court Jurisdiction: _____		Date: _____	
3. Present Address: (Number, Street, Apt. Number, City, State, Zip Code)		Telephone number: Home: () Work: ()	
4. Social Security Number: / /	Date of Birth:	Hair Color:	Eye Color:
Place of Birth (City, State)		Where did you grow up? (City, State)	
5. Place of Naturalization: (if applicable) City and State: Date of Naturalization: Naturalization Certificate Number:			
6. Father's Name:		7. Mother's Name:	
Address:		Address :	
Phone - Home:	Work :	Phone - Home:	Work:
Father's Occupation:		Mother's Occupation:	
8. If you were raised by someone other than your natural parents, provide the following information: Name: Relationship: Address : Telephone Number: Home : Work:			
9. If either parent is remarried, advise the name and address of stepparents: A. B.			
Applicant's Signature _____ Date _____			

10. List the names, ages and addresses of your brothers, half brothers, stepbrothers, sisters, half sisters, stepsisters.

Additional information on page ____

	Name	Date of Birth	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

11. What is your present marital status? () Single () Married () Separated () Divorced () Widowed

Spouse : (Include maiden name, if applicable)

Name: _____ Date of Birth _____ SSN: ____/____/____

Address: _____

Employer: _____ Occupation: _____

Address: _____ Telephone: _____

12. How many times have you been married? _____ Number of times divorced? _____ Widowed? _____

	Name of ex-spouse	Address	Date of Divorce	Jurisdiction
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

13. Do you have any children and/or dependents? () NO () YES If YES, provide:

	Name	Date of Birth	Address, if other than yours	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Additional information on page _____

Applicant's Signature _____ Date _____

14. Have you ever possessed, tried, experimented with, or sold any illegal drug or illegally used prescription medication?
 () NO () YES If YES, provide that information: (**Method**= possessed, tried, experimented, sold)

Drug Name	Number of Times	Method	Last Time Used	Drug Name	Number of Times	Method	Last Time Used
1. Marijuana	_____	_____	_____	12. Barbiturates	_____	_____	_____
2. Hash	_____	_____	_____	13. Morphine	_____	_____	_____
3. Cocaine	_____	_____	_____	14. Methamphetamine	_____	_____	_____
4. Crack	_____	_____	_____	15. Mescaline	_____	_____	_____
5. LSD	_____	_____	_____	16. Codine	_____	_____	_____
6. PCP	_____	_____	_____	17. Ice	_____	_____	_____
7. Acid	_____	_____	_____	18. Designer Drugs	_____	_____	_____
8. Mushrooms	_____	_____	_____	19. Steroids	_____	_____	_____
9. Peyote	_____	_____	_____	20. Inhalants(nitrous oxide glue,gasoline. etc.)	_____	_____	_____
10. Opium	_____	_____	_____	21. Other, list on page 11	_____	_____	_____
11. Heroin	_____	_____	_____				

15. Do you use any tobacco products such as cigarettes, cigars, pipe, chewing tobacco or snuff? _____ The Fairfax County Sheriff's Office requires that all newly hired **deputies** be non-smokers and remain a non-smoker during employment. If hired, you will be required to sign an employment contract to that effect. Breach of that contract is grounds for termination.

16. Are you currently, or have you ever been, a member of or affiliated with any communist or subversive organization, or any political party or organization which advocates the overthrow of the United States government? () NO () YES
 If YES, explain: _____

17. Are you currently, or have you ever been, a member of or supported the basic tenets and beliefs of any group, association or organization which advocates aggression or violence toward any person or group of persons because of race, religion or ethnic origin? () NO () YES If YES, explain: _____

18. Have you ever applied for employment with our agency or any other law enforcement agency? Include Federal, State, Local or any other Public Safety employer. () NO () YES If YES, list:

Date	Agency	Position	Status
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
Additional information - page _____			

19. If denied by any of the agencies listed above, please explain why in the additional space provided on page 11.

20. Have you ever been requested to take a polygraph examination? () NO () YES If YES, reason and where administered: _____

Additional information on page _____

Applicant's Signature _____

Date _____

EDUCATION

21. Name of High School graduated from or last attended: _____
Address: _____
Year Graduated: _____ If you did not graduate, highest grade **completed**: _____
If G.E.D., give date and State of issuance: _____

22. Colleges, Universities, other schools attended:	Address	Dates Attended	Year and Degree Awarded
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

23. Have you ever attended a police or public safety academy? () NO () YES If YES, provide:

Name of Academy, address	List Certifications Received	Dates Attended
1. _____	_____	_____
2. _____	_____	_____

FINANCIAL DATA

24. List all debts, including home mortgages, car notes, all open credit card accounts, personal loans:

Type of Account	Monthly Payment	Present Balance	To whom owed: Name and Full Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Additions on page _____

25. Have your wages ever been garnished? () NO () YES If YES, why? _____

26. Have your tax returns ever been withheld? () NO () YES If YES, why? _____

27. Have you ever filed for bankruptcy or been adjudicated bankrupt? () NO () YES If YES, give date of discharge in bankruptcy _____ Location _____ Court or Jurisdiction _____
Amount of indebtedness \$ _____ Explain circumstances of bankruptcy: _____
Additional Information on page _____

28. Have you ever been a plaintiff or defendant in a civil action? () NO () YES If YES, give details, such as date, place, court, amount of each judgement and final disposition: _____

29. Do you pay alimony or child support? () NO () YES
If YES, list to whom those payments are made: _____
In the amount of \$ _____ per month, total per year \$ _____
Details: _____

Applicant's Signature _____ *Date* _____

MILITARY DATA**30.** Have you ever been a member of any branch of the Armed Forces? () NO () YES

If YES, give the branch name: _____ Service Number: _____

Date entered _____ Date discharged or pending discharge _____ Highest Rank obtained _____

Rank when Discharged _____ Number of Enlistments _____ Primary duties _____

Type of Discharge: () Honorable () General () Dishonorable () Uncharacterized

31. Are you a member of any military reserve unit or National Guard? () NO () YES

If YES, give branch name: _____

Serial Number: _____ Rank: _____ () Active () Inactive

32. Have you ever been a member of any military service other than the United States? () NO () YES

If YES, what country: _____ Identification Number _____

Length of service _____ Type of Discharge: _____

33. During your military service as outlined above:

A.) Were you ever disciplined, or did you ever receive a summary or deck court martial, Article 15? () NO () YES

B.) Did you ever appear before any command personnel for disciplinary reasons? () NO () YES

If YES, provide:

Date	Charges	Disposition
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Additional information on page _____

C.) Were you ever the subject of any criminal investigation or arrested by military authorities concerning any alleged misconduct? () NO () YES If YES, list:

Date	Location	Allegation(s)/Disposition(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

34. Have you ever been turned down, denied entry or rejected by any branch of the Armed Forces for any reason?

() NO () YES If YES, explain:

Date	Branch	Reason
1. _____	_____	_____
2. _____	_____	_____

Applicant's Signature _____ **Date** _____

EMPLOYMENT HISTORY

35. Start with your current employer and in reverse chronological order, list your entire work history. Include any periods of unemployment, volunteer work, military service, and part-time work. **Additional information on page ____**

Dates of Employment	City/State of Employment	Full Name, Address, ZIP Code and Phone Number of Employer	Position, salary and supervisor	Reason for leaving (Be Specific)
From:	City:			
Present:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			

36. Have you ever been fired or forced to resign from any position? () NO () YES

If YES, give date of each discharge or forced resignation, the place of employment and an explanation:

Applicant's Signature _____ *Date* _____

ARREST RECORD

37. Have you ever been charged, investigated, detained or arrested for any criminal offense as a Juvenile or Adult?

Include records that have been expunged.

Additional information on page _____

() NO () YES If YES, please describe:

Date	Jurisdiction	Charge(s)	Disposition
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

MOTOR VEHICLE DRIVING HISTORY

38. In what state are you currently licensed to drive? _____ Permit Number: _____

Expiration Date: _____

Are there any restrictions or special conditions attached with your operator's license? () NO () YES If YES, explain:

List any other state(s) in which you have been licensed to operate a motor vehicle, include Permit Number: _____

39. List all tickets, summonses, citations that you have received regardless of the disposition. (ie. found not guilty, dismissed, nolle prosequi or no contest plea, etc. (exclude parking tickets). **Additional information on page** _____

Give a chronological listing, starting with the most recent offense and indicate the following:

Date	Jurisdiction	Charge(s)	Disposition
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

40. Has your privilege to drive ever been suspended or revoked? () NO () YES

If Yes, give date(s), place(s) and reason(s):

41. Have you ever attended a driver improvement course? () NO () YES If YES, provide information:

Date	Location	Reason
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

42. Has your automobile insurance ever been canceled? () NO () YES

Applicant's Signature _____ **Date** _____

RESIDENTIAL HISTORY

43. List all your residences. Provide the names and addresses of the two nearest neighbors, even if not acquainted. Also list current and former roommates, landlords, realty companies, etc., associated with each location.

If additional space is required, make a copy of this page before filling out.

Dates	Complete Address	Neighbors/ Roommates/ Landlord/ Realty Co. (Full Name, Full Address, Include Zip Codes and Phone #s)
From:		1.
Present		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.

Applicant's Signature _____ *Date* _____

REFERENCES

44. List five (5) persons you have known for at least one year who are not related to you by blood or marriage and who are not already listed under employment or residential history.

1. Name: _____	Telephone _____	Home: _____	Work: _____
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Address: _____

Occupation: _____

2. Name: _____	Telephone _____	Home: _____	Work: _____
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Address: _____

Occupation: _____

3. Name: _____	Telephone _____	Home: _____	Work: _____
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Address: _____

Occupation: _____

4. Name: _____	Telephone _____	Home: _____	Work: _____
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Address: _____

Occupation: _____

5. Name: _____	Telephone _____	Home: _____	Work: _____
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Address: _____

Occupation: _____

45. In 100 words or less, state why you would like to be employed by the Fairfax County Sheriff's Office. This statement **MUST** be in your own handwriting.

[illegible]

Applicant's Signature _____ *Date* _____

ADDITIONAL INFORMATION

[illegible]

Applicant's Signature _____ *Date* _____

I understand that all of the information contained herein is **CONFIDENTIAL**, and will only be used to verify my personal history. **FALSE, MISLEADING, INACCURATE** or **INCOMPLETE** answers will disqualify me for employment.

Sign this page in the presence of a Notary Public

I hereby certify that all information in this Personal History Statement is accurate and true to the best of my knowledge.

Date

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 19 _____

Notary Public

My commission expires

Applicant, please note:

You **MUST** furnish copies of the following documents upon submission of your Personal History Statement:

1. Birth certificate or other proof of United States citizenship
2. High school diploma or equivalent certificate, **plus** high school transcripts
3. Social Security card
4. Driver's License & Driver Transcripts if Out-of-State

You **MUST** sign and return the following original documents upon submission of your Personal History Statement:

5. Signed Informed Consent form
6. Signed Notification and Authorization for Employment Credit Report
7. Signed & Notarized Authorization of Release of Information form

Also include **two photographs** of yourself (passport type, size - 2X2)

If applicable, furnish copies of:

8. Military discharge (DD214) Member 1 and 4 forms
9. Name change documentation from court
10. Marriage certificate
11. Divorce decree(s) or legal separation papers
12. Certified copies of college or university transcript(s)



Commonwealth of Virginia

Fairfax County - Office of the Sheriff



Personnel Section
10459 Main Street
Fairfax, Virginia 22030-4041
(703) 246-3217 Fax (703) 293-9243

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, DO HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL RECORDS OR ANY PART THEREOF, CONCERNING MYSELF, BY AND TO THE FAIRFAX COUNTY SHERIFF'S OFFICE, OR ITS AUTHORIZED AGENT, WHETHER THE SAID RECORDS ARE OF A PUBLIC, PRIVATE OR CONFIDENTIAL NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF THE RECORDS OF EDUCATIONAL INSTITUTIONS; FINANCIAL OR CREDIT INSTITUTIONS, INCLUDING RECORDS OF DEPOSITS, WITHDRAWALS AND BALANCES OR CHECKING AND SAVINGS ACCOUNT, AND LOANS AND ALSO THE RECORDS OF COMMERCIAL OR RETAIL CREDIT AGENCIES (INCLUDING CREDIT REPORTS AND/OR RATINGS); MEDICAL AND PSYCHIATRIC TREATMENT AND/OR CONSULTATION, INCLUDING HOSPITALS, CLINICS, PRIVATE PRACTITIONERS, AND THE U.S. VETERAN'S ADMINISTRATION; PUBLIC UTILITY COMPANIES; EMPLOYMENT AND PRE-EMPLOYMENT RECORDS, INCLUDING BACKGROUND REPORTS, EFFICIENCY RATINGS, COMPLAINTS OR GRIEVANCES FILED BY OR AGAINST ME, AND SALARY RECORDS; REAL AND PERSONAL PROPERTY TAX STATEMENTS AND RECORDS; AND OTHER FINANCIAL STATEMENTS AND RECORDS WHEREVER FILED; RECORDS OF COMPLAINTS OF A CIVIL NATURE MADE BY OR AGAINST ME, WHERESOEVER LOCATED, AND TO INCLUDE THE RECORDS AND RECOLLECTIONS OF ATTORNEYS-AT-LAW, OR OF OTHER COUNSEL, WHETHER REPRESENTING ME OR ANOTHER PERSON IN ANY CASE IN WHICH I PRESENTLY HAVE, OR HAVE HAD AN INTEREST.

I REITERATE AND EMPHASIZE THAT THE INTENT OF THIS AUTHORIZATION IS TO PROVIDE FULL AND FREE ACCESS TO THE BACKGROUND AND HISTORY OF MY PERSONAL LIFE, FOR THE SPECIFIC PURPOSE OF PURSUING A BACKGROUND INVESTIGATION WHICH MAY PROVIDE PERTINENT DATA FOR THE FAIRFAX COUNTY SHERIFF'S OFFICE TO CONSIDER IN DETERMINING MY SUITABILITY FOR EMPLOYMENT BY THAT AGENCY.

IT IS MY SPECIFIC INTENT TO PROVIDE ACCESS TO PERSONAL INFORMATION, HOWEVER PERSONAL OR CONFIDENTIAL IT MAY APPEAR TO BE, AND THE SOURCES OF INFORMATION SPECIFICALLY ENUMERATED ABOVE IS NOT INTENDED TO DENY ACCESS TO ANY RECORDS NOT SPECIFICALLY IDENTIFIED HEREIN. THIS ACCESS IS TO INCLUDE BUT NOT LIMITED TO; INVESTIGATIONS BY OTHER LAW ENFORCEMENT AGENCIES INCLUDING RESULTS OF POLYGRAPH TESTS, MENTAL EVALUATIONS AND ANY AND ALL PRE-EMPLOYMENT APPLICATION TESTS.

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY A PERSONAL HISTORY BACKGROUND INVESTIGATION WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY, IN WHOLE OR IN PART, UPON THIS RELEASE AUTHORIZATION WILL BE CONSIDERED IN DETERMINING MY SUITABILITY FOR EMPLOYMENT BY THE FAIRFAX COUNTY SHERIFF'S OFFICE.

A PHOTOCOPY OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL HEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

SIGNATURE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

STREET ADDRESS

CITY

STATE

ZIP

GIVEN UNDER MY HAND THIS _____ DAY OF _____, 19____, IN _____

NOTARY PUBLIC SIGNATURE

COMMISSION EXPIRES



Commonwealth of Virginia

Fairfax County - Office of the Sheriff

Personnel Section
10459 Main Street
Fairfax, Virginia 22030
(703) 246-3217 Fax (703) 293-9243



NOTIFICATION AND AUTHORIZATION FOR EMPLOYMENT CREDIT REPORT

I, _____, authorize the Fairfax County Sheriff's Office to obtain a credit report on me through the credit reporting agency(s) of its choice. If employed, I further authorize the Credit Bureau to check my credit record, as needed, on a continuing basis as it relates to my employment.

If an adverse employment decision is made due totally or partially to the information on the credit report, I can receive a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act and the source of the credit report so that I may contact them, if I wish.

SIGNATURE

DATE



Commonwealth of Virginia

Fairfax County - Office of the Sheriff

Personnel Section
10459 Main Street
Fairfax, Virginia 22030
(703) 246-3292 Fax (703) 293-9243



INFORMED CONSENT

I, _____, AS A CANDIDATE TO WORK
WITH THE INFORMATION OF THE FAIRFAX COUNTY OFFICE OF THE SHERIFF, UNDERSTAND THAT ALL
PERSONAL INFORMATION FOR THE POSITION IS CONFIDENTIAL AND WILL BE SEEN ONLY BY THOSE
PEOPLE DIRECTLY INVOLVED IN MY RECRUITMENT.

I ALSO UNDERSTAND THAT SOME OR ALL OF THIS INFORMATION, AS WELL AS INFORMATION
PERTAINING TO EMPLOYMENT; APPRAISAL RATING; ACCIDENT & ILLNESS RECORDS; AND OTHER
INFORMATION ABOUT MY EMPLOYMENT RECORD MAY BE USED FOR PURPOSES OF AUTHORIZATION ACCESS
TO SHERIFF'S OFFICE INFORMATION ASSETS FOR ADMINISTRATIVE PURPOSES.

SIGNATURE

DATE